Not On Tobacco

Program developers or their agents provided the Model Program information below.

BRIEF DESCRIPTION

Not On Tobacco (N-O-T) is a smoking cessation program designed for youth 14 through 19 years of age. It is based on social cognitive theory and incorporates training in self-management and stimulus control; social skills and social influence; stress management; relapse prevention; and techniques to manage nicotine withdrawal, weight management, and family and peer pressure. N-O-T consists of ten 50-minute group sessions recommended for weekly dosage for 10 consecutive weeks. There are also four optional booster sessions. Teachers, school nurses, counselors and other staff and volunteers specially trained by the American Lung Association (ALA) facilitate sessions in schools and other community settings. No more than 10 to 12 participants are recommended per group. Facilitator training is provided by the ALA and includes the bound curriculum and evaluation tools.

N-O-T is a partnership between West Virginia University (WVU) and the ALA. In 1995, WVU led the nation in teen smoking. In response, the WV Bureau for Public Health, WV Department of Education, the Coalition for a Tobacco Free WVU, and the newly funded WVU Prevention Research Center partnered to develop a plan to strengthen WVU's school-based tobacco control. A major outcome of this effort was N-O-T. Filling an unmet national need for teen smoking cessation, the program was subsequently adopted by the ALA. The program was piloted in Florida and West Virginia with State and Federal funding. Additional research and evaluation was conducted Florida, North Carolina, Ohio, New Jersey, and Wisconsin. The evaluation phase allowed on-going opportunities for collaborative revisions. Youth, school personnel, health care professionals, and organizational leaders provided guidance throughout the N-O-T development process. Following use with the general population, N-O-T was translated into Spanish. N-O-T addresses smoking reduction health priorities of the U. S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion Healthy People 2010.

RECOGNITION

MODEL PROGRAM

Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services

BEST PRACTICE

American Lung Association

WELLNESS ENDORSEMENT

Planned Approach to Community Health, WV

IOM CLASSIFICATION

INDICATED

This program is effective with adolescents 14 through 19 years of age who are regular, daily smokers.

INTERVENTION TYPE

SCHOOL-BASED

N-O-T was designed to be administered in a school setting, however; it has been tested in both school- and community-based sites. Efforts are underway to pilot the program in faith-based sites.

CONTENT FOCUS

SOCIAL/EMOTIONAL COMPETENCE, TOBACCO

SOCIAL/EMOTIONAL COMPETENCE

The program helps develop new social-emotional and life skills to replace ineffective or underdeveloped skills that may lead to unhealthy behaviors. Because the program emphasizes experiential learning, youth have opportunities to identify and practice positive coping skills. The program uses role-playing and rehearsal, journaling, and relaxation techniques. Elements of social and emotional competence also are integrated in the form of seeking social support and learning alternative ways to cope with problems (instead of smoking).

TOBACCO

Not On Tobacco, as the name implies, primarily deals with tobacco cessation. It also could be considered secondary prevention of tobacco-related diseases. Because of the differences between the functional value of smoking and smokeless tobacco, N-O-T focuses primarily on smoking.

Parent involvement as an adjunct strategy:

Parents can be a part of the program in two ways:

(1) Youth are provided talking points to gain parental support and are given handouts for parents. Parents can be involved as a support person who encourages youth in their endeavor to be smoke-free; (2) an adult cessation program (e.g., Freedom From Smoking) for parents can be offered in conjunction with the N-O-T program.

INTERVENTIONS BY DOMAIN

INDIVIDUAL, PEER, FAMILY, SCHOOL

INDIVIDUAL

Classroom tobacco curriculum designed to motivate pro-health decisions and provide life/social skills training.

PEER

Classroom and peer support groups reinforce supportive attitudes against tobacco use.

FAMILY

Task-oriented education sessions teach youth how to effectively communicate with family members about tobacco use.

SCHOOL

Instructor-facilitated, team-centered, non-punitive interactive curriculum that provides opportunities for bonding with adult facilitators and peers.

KEY PROGRAM APPROACHES/COMPONENTS

ALTERNATIVE/RECREATIONAL ACTIVITIES; BEHAVIOR MODIFICATION; BOOSTER SESSIONS; INFORMATION SHARING; IN/AFTER-SCHOOL CURRICULA; PEER LEADERSHIP, COUNSELING OR SUPPORT; PROBLEM IDENTIFICATION AND REFERRAL; SKILL DEVELOPMENT

ALTERNATIVE/RECREATIONAL ACTIVITIES

Participants given instruction in "positive self talk," muscle relaxation, deep breathing, guided imagery, and getting and maintaining social support. Alternative activities to smoking are recommended throughout the curriculum. These activities are recommended to occupy unstructured time (combat stress and boredom), enhance skills, knowledge, and/or health behaviors, and/or encourage involvement in community service and leadership. For example, starting in Session 2, participants are encouraged to engage in physical activity for at least 10 minutes a day, 3 days a week; examples are provided and a group support component is included. By the end of the program, participants are encouraged to be physically active at least 20 minutes per day.

BEHAVIOR MODIFICATION

N-O-T is designed to help participants analyze their own smoking behavior; set realistic and attainable goals for change; monitor their progress and reinforce themselves appropriately; understand the immediate negative consequences of continuing to smoke; and understand the immediate benefits of adopting healthy habits in the areas of nutrition, physical activity, and stress management.

BOOSTER SESSIONS

There are four booster sessions that can be used in addition to the 10 regular N-O-T sessions. It is recommended that at the close of Session 10, the opportunity to participate in booster sessions is discussed and, if participants express the desire for them, booster sessions are initiated.

INFORMATION SHARING

During group sessions, participants are encouraged to share stop-smoking techniques and stress management strategies that they have found effective.

IN/AFTER-SCHOOL CURRICULA

N-O-T was designed to be administered in a school setting. Research has found that participation is best when the sessions are held during regular school hours.

PEER SUPPORT

The N-O-T program is delivered in same gender groups of typically fewer than 12 participants. This format was deliberately selected to encourage youth to take an active role in their groups and to support and encourage each other throughout the entire program. The curriculum also recommends that groups continue their support beyond the 10 session core curriculum.

PROBLEM IDENTIFICATION

Information on problem identification is included as a step in behavior change throughout the curriculum. Topic areas are (1) identifying reasons for smoking and excuses for not quitting; beliefs and behaviors that reinforce smoking; triggers for smoking; beliefs and behaviors that reinforce negative self-talk and self-defeating behaviors; and barriers to the quitting process; and (2) recognizing and understanding the process of nicotine addiction; advertising ploys to encourage youth smoking; and situations that may enhance the likelihood of relapse.

SKILL DEVELOPMENT

The curriculum contains guidance on developing skills in the following areas: cognitive restructuring, coping with stress and peer pressure, identifying and maintaining social support, goal setting, assertiveness, identifying opportunities for community involvement, and behavior change in general and for smoking cessation in particular. Specific examples are given in the curriculum and participants are encouraged to practice these and also suggest other strategies that they may already use.

HOW IT WORKS

N-O-T contains ten 50-minute sessions that typically occur once a week for 10 consecutive weeks and offers four optional booster sessions. Because males and females may start and stop smoking for different reasons, the N-O-T program is gender-tailored to include different components, content, and techniques for males and females. Consequently, it is recommended that small groups be held with each gender, led by same-gender facilitators.

Participants are encouraged to take an active role during each group session. One of the key reasons groups are divided by gender is to make participants more comfortable sharing issues and providing support to each other. No more than 10-to-12 participants are recommended per group. Sessions offer support, guidance, and instruction on topics such as understanding reasons for smoking, preparing to quit, understanding nicotine addiction and withdrawal, accessing and maintaining social support, coping with stress, and preventing relapses.

N-O-T does not directly address academic achievement. However, the N-O-T addresses factors that may impact school performance, such as goal setting, stress management, self-esteem/self-efficacy, and cognitive restructuring. These factors are addressed across sessions.

N-O-T is a voluntary non-punitive program that uses life-management skills to help teen smokers handle stress, decisionmaking, and peer and family relationships. N-O-T teaches youth how to effectively communicate with family members, provides informative handouts to parents and family members, and offers youth strategies for asserting their needs with family who use tobacco. The program also addresses unhealthy lifestyle behaviors such as alcohol or illegal drug use, as well as related healthy lifestyle components such as exercise and nutrition.

N-O-T includes four optional booster sessions that provide participants with support after completing the core program. A brief Alternative to Suspension program is available, which is designed to address student violation of a school tobacco-use policy. The program also is available in Spanish.

IMPLEMENTATION ESSENTIALS

Complete sessions should be delivered approximately 1 hour a week for 10 weeks by a trained facilitator. The curriculum should be followed as shown in the N-O-T guidelines and instructions. Additional implementation requisites include cooperation and support from site decisionmakers and support staff, resources and support for participant recruitment, established protocol for participant referral to additional health services (if needed), and active parental consent.

Training

Teachers, school nurses, counselors or other staff and volunteers facilitate sessions in schools or other community sites in small private group settings. N-O-T program facilitators receive training from the American Lung Association (ALA), which includes a bound copy of the curriculum, evaluation tools, and ongoing technical support. The 1-day experiential training offers support, guidance, and instruction on topics such as understanding reasons for smoking, preparing to quit, nicotine addiction and withdrawal, accessing and maintaining social support, coping with stress, and preventing relapses.

OUTCOMES

DECREASES IN SUBSTANCE USE, INCREASES IN POSITIVE ATTITUDES/BEHAVIORS, OTHER TYPES OF OUTCOMES

A systematic review of N-O-T evaluation studies between 1998 and 2003 found that the baseline daily smoking rate was 14 cigarettes across 6 controlled studies. Intent-to-treat and compliant quit rates have been calculated at several follow-up points: 3 months postbaseline (end-of-program), 7 months postbaseline, and 15 months postbaseline. Research and

evaluation data have been collected in six states: Florida, North Carolina, New Jersey, Ohio, Wisconsin, and West Virginia.

DECREASES IN SUBSTANCE USE

- End-of- program results from controlled studies revealed an aggregate quit rate of 15% and 19%, intent-to-treat and compliant analyses, respectively
- End-of-program field-based evaluations revealed an aggregate quit rate 27% and 31%, intent-to-treat and compliant analyses
- Among 6,130 youth from 5 states and 489 schools, the end-of-program intent-to-treat quit rate across all evaluations is 18%

INCREASES IN POSITIVE ATTITUDES/BEHAVIORS

- Across studies, youth who did not quit smoking completely showed significant reduction in smoking. For example in one study, 50% of non quitters cut their smoking in half six months after the program ended.
- Another study found that N-O-T appeared to moderate nicotine dependence. A brief intervention comparison group was effective only for low nicotine dependent smoking. N-O-T was effective for a range of dependence, including highly nicotine dependent smokers.
- Another study found a similar effect with stages of change. Where the brief intervention achieved cessation with smokers in the preparation stage, N-O-T was effective across a range of stages and also helped to move smokers along the stage of change continuum.
- In the multiyear review, youth who quit smoking reported being abstinent for almost three weeks at followup. This time frame suggests that youth maintained commitments to their quit dates as set during the program.
- In one study, where 1 was "strongly disagree" and 5 was "strongly agree," 96.8% of youth indicated that they liked the N-O-T program (M = 4.6, SD ± .56). Also, 87.1% either agreed or strongly agreed that being in a group was helpful in trying to quit smoking (M = 4.2, SD ± .93). Some comments were:
    - "[the group] helps you make friends"
    - "we had a good teacher-he was fun"
    - "I can skate longer, [I] feel better physically"
    - "I think more about school. [I'm] not as immature"
    - "I learned how to relax"
    - "[I] increased my self esteem"
- In another study, process data indicated that 80% of N-O-T participants (n=128/159), believed the program helped in areas of their lives beyond smoking cessation. These areas included feeling better about themselves (55.4%), dealing better with stress (54.6%), exercising more (43.1%), making new friends (36.9%), dealing better with family (33.8%), eating better (30.0%), and going to school more often (20.8%). Overall, participants felt very positive about N-O-T; a majority (84.6%) believed the program helped alter their smoking behavior.

- Facilitators felt that the values and ideas presented in the N-O-T were consistent with their own values and ideas about smoking (M = 4.7, SD ± .30), and compatible with their schools' policies and/or concerns about smoking (M = 4.7, SD ± .47). In addition, they either agreed or strongly agreed that the N-O-T training they received was very helpful for implementing the program (M = 4.7, SD ± .47), and that it taught them valuable information even if they never implemented N-O-T again (M = 4.5, SD ± .52). Facilitators rated N-O-T as having a flexible and user-friendly curriculum (M = 4.3, SD ± .77). Overall, they reported that N-O-T is a worthwhile program (M = 4.9, SD ± .30) and that they would recommend it to personnel at other schools (M = 4.8, SD ± .41). Some direct comments from facilitators were:
    - "My girls had weight loss, increased exercising, and were sleeping better."
    - "All of my girls had grade improvement."
    - "Kids would apologize for missing group."
    - "[The kids had] someone who cares."
    - "If they'd let me, all I would do is teach N-O-T."

OTHER TYPES OF OUTCOMES

- N-O-T youth were two times more likely to quit than comparison youth.

EVALUATION DESIGN

This program has been evaluated both with and without a comparison group over a 6-year period. A matched design was used in those studies with a comparison group. Study schools were matched with the comparison schools on several different sociodemographic variables. The study schools implemented the N-O-T program in same-gender groups consisting of 8 to 12 participants. The comparison schools gave "treatment as usual" which consisted of 10 to 15 minutes of group-administered (approximately 20 participants) advice to stop smoking and distribution of pamphlets. The N-O-T facilitators kept track of attendance and reasons for attrition. Trained researchers collected data both pre- and postprogram.

Given a matched design, critical variables were used to examine the baseline similarity of the N-O-T and brief intervention participants. These variables included age, grade level, nicotine dependence (using the Fagerstrom Tolerance Questionnaire), number of cigarettes smoked per day on weekdays, number of cigarettes smoked per day on weekends, age of onset, length of time since last cigarette, and motivation to quit smoking and confidence in quitting smoking. The Bonferroni correction was used to correct for experiment-wise error. Baseline comparisons also were performed each year to examine the similarity of the matched NOT/BI pairs (i.e., the effectiveness of the school matching procedure) on the critical baseline variables. For this purpose, "school" was the unit of analysis. Finally, baseline comparisons also were performed within each year to determine if there were any biases due to attrition. To assess possible attrition bias, the baseline data of youth who provided post-intervention data (present) were compared to the data of those who did not (absent). Multivariate analysis of variance were performed on the baseline variables using recommended procedures for handling missing data. Significant multivariate effects were examined with univariate tests. Any variables showing systematic differences were examined to determine if they were related to outcome.

Evaluations were also done without comparison groups in both school and community

settings. In these settings, data were collected by the facilitator and ALA representatives and as such did not employ rigorous research standards.

EVALUATION INSTRUMENTS

List all evaluation instruments and information on where each instrument can be obtained:

- NOT ABOUT ME *
- SCHOOL PERFORMANCE SURVEY**
- NOT ABOUT ME *
- TELL US WHAT YOU THINK *
- INDIVIDUAL INFORMATION *
- NOT TEEN TRACKING FORM *
- SCREEN *
- SMOKING HISTORY *
- WHY DO PEOPLE SMOKE *
- WHAT I BELIEVE ABOUT SMOKING *
- HEALTH SURVEY
- SCHOOL SELF-ESTEEM SCALE
- IMPULSIVITY SCALE
- MULTIGROUP ETHNIC IDENTITY MEASURE
- ROSENBURG SELF-ESTEEM SCALE
- C-O RECORD *
- SMOKING SURVEY**
- C-O RECORD PRE-INTERVENTION *
- NOT INDIVIDUAL INFORMATION FORM *
- FAGERSTROM TOLERANCE QUESTIONNAIRE
- SMOKING SURVEY FOR CURRENT SMOKERS**
- SMOKING SURVEY FORMER SMOKERS**
- DEPRESSION AND ANXIETY AMONG YOUTH SCALE
- SMOKING SURVEY
- NOT TEEN TRACKING FORM*

* Indicates measures that are available in the N-O-T curricula as adapted from the IOX Assessment Associates (1988). *Program Evaluation Handbook: Smoking Cessation*. Los Angeles.

** Indicates measures that have been developed by the Office of Drug Abuse Intervention Studies, Prevention Research Center of West Virginia University for study purposes.

DELIVERY SPECIFICATIONS

5–24 WEEKS

Amount of time required to deliver the program to obtain the documented outcomes:

The program contains ten 50-minute sessions that typically occur once a week for approximately 10 consecutive weeks. Four additional booster sessions can be implemented in 4 weeks, for a total implementation time of 14 weeks .

INTENDED SETTING

RURAL, URBAN, SUBURBAN, TRIBAL RESERVATIONS

This program has been tested in rural, urban, and suburban schools and communities.

FIDELITY

Components that must be included in order to achieve the same outcomes cited by the developer:

Complete sessions need to be delivered approximately once a week by a trained facilitator. N-O-T curriculum should be followed as recommended in the guidelines and instructions.

Optional components or strategies, and how they were determined to be optional:

There are four booster sessions that can be used to provide continued support after completion of the core program. N-O-T also provides a brief alternative to suspension program, intended to move youth along stages of change.

List all fidelity instruments and information on where each instrument can be obtained:

Facilitator Process Forms are included in the N-O-T curriculum. These forms are to be completed following each session. Tell Us What You Think, completed by youth, also provides input on session appeal. It is completed at the end of the program.

BARRIERS AND PROBLEMS

Barrier: The main barrier to use of this program is finding time during the school day for implementation. Administrators are sometimes reluctant to let participants give up class time to complete the program.

Solution: Try to appeal to administrators with program research that shows that the program is most effective at recruiting and retaining participants when the program is held during school.

Barrier: Research on the program suggests that, in some sites, recruitment may also be a barrier.

Solution: According to program facilitators, recruitment can be maximized with the use of active recruitment techniques (i.e., maximized interpersonal contact) such as one-on-one conversation.

Barrier: Some schools also have reported difficulty recruiting male facilitators.

PERSONNEL

PAID, VOLUNTEER

Any ALA-trained person may facilitate the program.

Typical staffing issues encountered by users when implementing this Model Program, and potential solutions:

Funding the facilitator's time can be a barrier to implementation when programming is not a part of the facilitator job responsibilities. Finding incentives beyond financial reimbursement can be helpful (e.g., release time, flex time, gift certificates, and recognition).

EDUCATION

HIGH SCHOOL, SPECIAL CERTIFICATION

High school, Special Certification

The American Lung Association offers a 1-day, 7-hour session to train individuals who would like to be N-O-T facilitators. Some states offer the free training and materials and others charge a minimal fee for registration or copying costs.

PERSONNEL TRAINING

Type: SEMINARS/WORKSHOPS

Location: ONSITE (OF USER), OFFSITE (AT DEVELOPER'S OR TRAINER'S LOCATION)

Length: BASIC

Facilitators are required to attend a 1-day workshop. These workshops are scheduled and held at different times/locations depending upon need. Refresher courses are not needed. Training includes instruction on curriculum content and delivery, with the N-O-T facilitator guide as the primary training tool. Training topics include conducting inservices for school personnel, integrating N-O-T with school goals, recruitment, providing mental health referral protocols, gender and smoking, and the mechanics of program implementation and evaluation. The training uses a variety of strategies such as didactic instruction, small group work, reflection, observation and hands-on practice. The ALA trainers who conduct this workshop are all experienced facilitators themselves and have worked extensively with the N-O-T program.

COST (ESTIMATED IN U.S. DOLLARS)

$0–$100, $101–$1,000

Cost considerations for implementing this program as recommended by the developer:

The cost range for implementing N-O-T is zero to $1000 per school; cost variations occur at State and local levels.

BUDGET COSTS

The cost of a facilitator's time to prepare for and administer a clinic will vary depending on the site. Some facilitators volunteer their time, some lead clinics as part of their regular job duties, and others are paid a stipend for each clinic conducted. Additionally, administrators will need to budget for the cost (if any) of using a meeting room.

TRAINING COSTS

Each facilitator must complete a 2-day training conducted by an ALA-certified N-O-T Trainer. The registration fee varies depending on location but averages around $100 to $200, which largely defrays the copying costs of the curriculum incurred by the ALA.

MATERIALS COSTS

The retail price of each item is set by the local American Lung Association affiliate. Available items include:

- Not-On-Tobacco Facilitator Curriculum (included as a part of training)
- Not-On-Tobacco Promotional Brochures (optional)
- N-O-T incentive/promotional items, including key chains, stickers, pens, stress squeezable stars, lollipops, zip-lock wallets, door hangers, plastic springs, plastic cups, and luggage tags (all optional)

NOTE: A price sheet is available for all incentives.

INTENDED AGE GROUP

EARLY ADOLESCENT (12–14), TEENAGER (15–17), YOUNG ADULT (18–24)

Youth ranged in age between 12 and 19 years, with a mean age of 16.04. Grade levels spanned 7th grade to 12th grade; the majority of youth were in high school grades 9 to 12 (98 percent).

INTENDED POPULATION

HISPANIC/LATINO, WHITE

The N-O-T program has been tested in multicultural schools but recruitment has been more successful with White participants. For example, in controlled studies in Florida the percentage of White participants was consistently more than 85 percent. The multistate, multiyear (1998-2003) evaluation of 6,130 youth from five states and 489 schools shows the following participant breakdown: 43.8 percent were male and 56.2 percent were female; nearly 76 percent of the participants were White, followed by 12.6 percent Hispanic/Latino, 3.4 percent African American, 1.5 percent American Indian, 1.2 percent Asian American, and 0.4 percent Native Hawaiian or other Pacific Islander.

GENDER FOCUS

BOTH GENDERS

Because males and females start and stop smoking for different reasons, the N-O-T program was developed with different components, content, and techniques for males and females.

REPLICATIONS

NO INFORMATION PROVIDED

ADAPTATIONS

SUMMARY DESCRIPTION

Not On Tobacco for American Indian Teens

The American Indian Not On Tobacco (AI N-O-T) adaptation serves American Indian smokers 14 through 19 years of age. AI N-O-T presently contains ten 50-minute sessions that occur once a week for 10 consecutive weeks. Smoking rates are higher among American Indians, and this ethnic population begins smoking at an earlier age than other race/ethnic groups. About 46 percent of American Indian high school seniors smoke; 57 percent of seniors at Bureau of Indian Affairs-funded schools are current smokers. Additions and moderate changes are in process to meet specific American Indian cultural and health-related challenges caused by tobacco addiction. Research is underway on the new curriculum. Funding sources include the American Legacy Foundation, and the Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.

NATURE OF THE ADAPTATION

Pilot testing is underway of the initial draft of AI N-O-T. Suggestions for curriculum revision were collected from American Indian teen smokers, community members, tribal leaders, and program facilitators through interviews and pilot test feedback at school, community and faith-based sites. Adaptation highlights include the following additions:

- American Indian tobacco statistics and health consequences
- A "History of Tobacco" from an American Indian perspective
- Cultural stereotyping and exploitation by tobacco industry and media
- Use of culturally appropriate interactive learning
- Increased use of visual teaching and learning materials
- Options for cultural and traditional activities
- Increased focus on AI N-O-T group quit rates and the impact of smoking on family and community
- Inclusion of activity options that involve family members
- Promoting youth advocacy and youth leadership.

CONTACT INFORMATION

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SUMMARY DESCRIPTION

POWER GUIDE

The *Power Guide* is a self-help workbook that allows teens to work through the quitting process, unassisted, over an 8- to 10-week period. Similar to the N-O-T curriculum, the workbook incorporates an assessment of the reasons for smoking, excuses for not quitting, the realities of smoking, motivation and confidence building, addiction processes, self-management and stimulus control, coping with trigger situations, social skills and social influences, cognitive and behavioral restructuring, relapse prevention, nicotine withdrawal, weight management, and family and peer pressure. Like the N-O-T program, the *Power Guide* covers teen-relevant issues, including self-esteem, decisionmaking, life skills, fitness, and nutrition. Funding source: Agency for Healthcare Research and Quality.

NATURE OF THE ADAPTATION

The workbook uses self-help vs. group intervention. This workbook is specifically tailored for boys and girls. Similar to N-O-T, the workbook integrates separate tips for boys and girls and is tailored to readiness (i.e., motivation, confidence, and stage of change) for quitting smoking. The *Power Guide* emphasizes stage-relevant issues throughout the workbook.

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SUMMARY DESCRIPTION

Spanish language translation

NATURE OF THE ADAPTATION

The N-O-T program is available in Spanish. Source: American Lung Association

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DEVELOPER INFORMATION

N-O-T was developed and written by Kimberly Horn, Ed.D. and Geri Dino, Ph.D., of West Virginia University Department of Community Medicine. Dr. Horn is an educational psychologist and assistant professor. Dr. Dino is a psychologist and associate professor. Aligned with the CDC-supported Prevention Research Center, their research has impacted policy and practice at state and national levels. Maintaining a philosophy of community-based participatory research, they have a particular focus on the social and environmental context of substance abuse in disparate communities. Both are extensively published in the field of teen smoking cessation.

For information, contact:

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For information on implementing N-O-T in your area, contact your local American Lung Association at 1–800–LUNG–USA or visit www.lungusa.org.